PORCHER (F.P.)

A Pathological Condition of the Lungs Hitherto Undescribed in this Country, but which is not Infrequent.

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Practical Medicine

Read in the Section ~~of Obstetrics and Diseases of Women~~, at the Forty-second Annual Meeting of the American Medical Association, held at Washington, D. C., May, 1891.

Reprinted from the "Journal of the American Medical Association," June 6, 1891.

CHICAGO:
PUBLISHED AT THE OFFICE OF THE ASSOCIATION.
1891.

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A PATHOLOGICAL CONDITION OF THE LUNGS, HITHERTO UNDESCRIBED IN THIS COUNTRY, BUT WHICH IS NOT INFREQUENT.

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During the course of a very prolonged service in hospitals, I have repeatedly observed a condition of the lungs which is markedly distinct and characteristic, which I have not seen described.

A full account of this appeared in the *New York Medical Record*, October 19, 1889. I will give here a succinct review of the main features and symptoms, in order that we may decide whether it is only a pathological state, or whether it should rank as a distinct disease.

Patients presented the following symptoms: Dulness or sub-dulness, generally at the middle, lateral or posterior portions of the chest; there was always imperfect respiration; scarcely any râle present, or if so sparsely disseminated, and generally the subcrepitant; or perhaps there was only rough breathing. The condition was consequent on antecedent morbid states, and was

discoverable weeks before death, if a fatal result ensued. There was not necessarily fever or elevation of temperature; there did not exist evidence of any acute inflammation, or any of the well-known diseases of the chest—no phthisis, pneumonia, bronchitis, pleurisy, emphysema, hydrothorax, etc. The positive physical signs of these diseases were all absent—there were no crepitant, or sibilant, or crackling râles; neither were there pain or rubbing sounds. So all the diseases which these signs indicated had to be excluded.

To continue the citation of positive and negative symptoms: The respiratory murmur, though not normal, was not absent, for the lung was still pervious to air; the vocal resonance, or what I prefer to call the reverberation of voice, was slightly affected; some complementary respiration might be present, but this was not very decided, because there was no absolute consolidation. Scarcely any dyspnœa may exist, and the cough may be moderate or absent. Hepatization, solidification and asthma had also to be excluded, for there was no absolute dulness, complementary or puerile respiration characterizing the two first, or crepitant râles to indicate the last. The crepitant râle, the fever or the rusty-colored sputa essential to pneumonia were not present. There were no frothy, watery, blood-stained expectoration, blueness of lips, lividity, or cold extremities, as in extreme cases of œdemas; no pure hyperæmia—for in our cases we have blood and *serum*

mixed; no pulmonary congestion, for there is "no copious, watery, blood-stained expectoration" which accompanies this, which is, besides, an acute disease.

Whenever an autopsy was afforded in such cases, the physical evidences of the diseases above cited were absent, *and there was invariably present a large amount of bloody serum exuding from the cut surfaces, and it would flow most freely when the lung was squeezed.* Here was plainly, therefore, a gross morbid fact which was the chief feature, which had to be noted and accounted for, and which, if a name was required, must necessarily be embraced under such appellation.

The conditions with which our cases would be most likely to be confounded would be the hypostatic congestion, or the hypostatic pneumonia of recent authors, or infiltration of the lungs. But there are none of the physical signs of pneumonia present; and the term infiltration is too vague and undefined—for infiltration may either follow pneumonia or be tubercular, and our cases were neither of these.

We must also decidedly exclude the term hypostatic congestion in the old sense of the term, which implied a condition of stasis just preceding death, dependent upon recumbency, position, etc.

A name was needed for the symptoms which had been isolated, and I long since began to designate the disease referred to as "Engorgement of the lungs"—serum being always mixed with blood. I was compelled to the use of these terms

because they only were true, applicable, and essential in describing and interpreting the condition.

My cases of engorgement of the lungs exist for days and weeks, and do not depend, as was stated, upon the accidences of position, recumbency, stasis of the blood, age of patient, or want of vitality—for the powers of life are not specially enfeebled.

I published a note in the *American Journal of the Medical Sciences*, as far back as October, 1869, under the caption: "Frequency of Serous Engorgement of the Lungs," but have at last been able to get some confirmation of the probable correctness of my observations in Juergensen's paper entitled "Diseases of the Respiratory Organs" (Ziemssen's Cyclopædia, Vol. v, p. 236). In this Piorry is quoted as having pointed out a distinct form of disease, corresponding in great measure with my own observations as stated above.

It is best to quote what Juergensen says (*loc. cit. Sup.*): "Hypostatic pneumonia, and hypostatic conditions of the lungs, were first recognized as a distinct form of pulmonary disease through the labors of the French writers. Pre-eminent among them is Piorry, who handles the subject with great clearness, and whose teachings are based upon a rich experience. He likewise gave the disease its name." "Piorry proved by experiments that a hypostatic condition diagnosticated during life, did not alter its location after death, under the laws of gravitation. As Piorry made his diagnosis long before death, it was evi-

dent that this condition did not result during the death struggle. By means of these experiments *hypostasis ceased to be a condition of but little pathological significance.*"

To quote still from Juergensen: "Does an *inflammation of the lung* actually exist? Is the term 'hypostatic pneumonia' correct? Here we must agree with Piorry, who answered this question in the negative in his nomenclature, and afterwards still further confirmed this opinion." "He calls this form of disease *pneumonémie hypostatique*, and gives as a synonym *engouement pulmonaire.*"

So I am sustained by Piorry, not only as regards the existence of a special disease, and in the non-existence of an inflammation of the lung, but also in the use of the identical designation, *engouement pulmonaire*, which may be equivalent to "engorgement of the lungs."

Desiring to be brief, I will yet introduce the following from the paper cited above, and which may be compared with my own observations: "The *local symptoms* of hypostasis *demonstrable by physical examination* are the following: At first diminished resonance on percussion, beginning at the lower angle of the scapula, and on auscultation a lessening, sometimes a cessation, of the respiratory murmur, which is vesicular, or may be quite indefinite in character. At the point of attack the local fremitus is weak. If hypostasis is complicated with a local catarrh, new features foreign to the former disease will appear.

Mucous râles, for example, are usually absent in simple hypostasis. The dulness on percussion and the auscultatory signs, as a rule, extend slowly from *below upwards*. There is a period at which absolutely no breathing is to be heard over the consolidated portion (Piorry). Then mucous râles gradually become audible, those in the larger tubes appearing first. In case of a fatal termination extensive œdema of the lungs supervenes, accompanied by auscultatory signs peculiar to that condition." I have not been able to confirm this latter observation, never finding the crepitant râle, which Laennec taught us is distinctive of œdemas, as it is of pneumonia, and the congested area around a hæmorrhagic spot.

Piorry does not mention the causes of the condition he describes. In my paper in the *Amer. Jour. of the Med. Sciences*, I described them as "the result of neglected catarrhs, previously existing bronchitis, or pneumonia in a chronic form, and sometimes the engorgement is partly hypostatic; but this term should be reserved for post-mortem changes, or those occurring just before death."

Both of us, therefore, recognized and marked out a collection of symptoms which are often found associated, but which had not previously been designated as characterizing a special diseased condition. This collection, in my opinion, can have no other name than "engorgement of the lungs;" and all such terms as pneumonias,

hyperæmias, congestions, œdemas, etc., must be rejected.

The merit of Piorry consists in his freeing hypostatic processes from the imputation—ancient and deep grounded in all writings—of occurring just before death; and giving it its true place as a diseased condition of variable duration, to be recognized during life.

If my cases of engorgement of the lungs are alleged to be only forms of hypostasis, which I do not believe to be true, I also recognized them as unconnected with position, the decubitus, or the death struggle, defined their *ante-* and *post-mortem* characteristics, as existing and to be studied and treated long before dissolution.

Auscultation and percussion being a true science, founded on variable physical and morbid conditions, there is no obscurity or difficulty about the symptoms furnished by the disease we are discussing. These symptoms, as in every other affection of the chest, arise out of and correspond necessarily with the internal morbid changes which exist, viz.: engorgement of the lungs.